

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157563		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  03/22/2013	
NAME OF PROVIDER OR SUPPLIER  OMNI HOME CARE				STREET ADDRESS, CITY, STATE, ZIP CODE 111 GARWOOD RD RICHMOND, IN 47374			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
N000000	<p>This visit was a home health state licensure survey.</p> <p>Survey dates: March 20, 21, and 22, 2013.</p> <p>Facility # 004390</p> <p>Medicaid Vendor: # 200512710</p> <p>Surveyor: Susan E. Sparks, RN, PH Nurse Surveyor</p> <p>Agency Census</p> <p>Skilled Patients 430</p> <p>Home Health Aide Only Patients 0</p> <p>Personal Service Only Patients 1</p> <p>Total 431</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN March 26, 2013</p>	N000000					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157563	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/22/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  OMNI HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 111 GARWOOD RD RICHMOND, IN 47374
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N000470	<p>410 IAC 17-12-1(m) Home health agency administration/management Rule 12 Sec. 1(m) Policies and procedures shall be written and implemented for the control of communicable disease in compliance with applicable federal and state laws.</p> <p>Based on observation, policy review, and interview, the agency failed to ensure the registered nurse followed agency policies while changing a wound vac dressing in 1 of 1 wound vac dressing changes observed with the potential to spread infectious organisms to staff, all wound vac patients, and all patients receiving dressing changes. (# 2)</p> <p>Findings:</p> <p>1. On 3/21/13 at 10:55 AM, the Registered Nurse (RN), Employee B, was observed changing a wound vac on patient # 2 in the patient's assisted living apartment. The RN was assisted by a staff member from the assisted living facility for the purpose of holding the patient. The patient was laying in bed wearing a hospital gown. The wound vac was on the coccyx approximately 1/2 inch above the rectum. The wound vac had been turned off earlier in the day by the assisted living staff because it wouldn't quit beeping and the assisted living staff said the film had a leak.</p>	N000470	<p>The Administrator will in-service all clinical/field staff on the agency's policies and procedures related to the control of communicable diseases. Including "Infection Control Preparation of Work Area and Bag Techniques," 2000; and "Hand Hygiene," 2000. All Licensed Nurses will participate in on-site training provided by "KCI" (VAC wound company) nurse educator. Each Licensed Nurse will demonstrate competency with application and removal of VAC wound/Negative pressure wound therapy dressing. All clinical/field staff will demonstrate competency when performing hand hygiene and preparation of work area and bag technique as evidenced by: "Individual Home Visit/ On-Site Competency" will be completed within 30 days of initial patient contact and annually thereafter to ensure competency. The Administrator will be responsible for implementing and monitoring these corrective actions to ensure that the deficiency is corrected and will not recur.</p>	04/19/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157563		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  03/22/2013	
NAME OF PROVIDER OR SUPPLIER  OMNI HOME CARE				STREET ADDRESS, CITY, STATE, ZIP CODE 111 GARWOOD RD RICHMOND, IN 47374			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>The RN prepared an area by the bedside by placing a box on a chair, then a newspaper on top of the box, and then supplies on top of the newspaper. The extra film was across the room on the sink counter. The RN's bag was across the room on the dining table. The RN assembled supplies and placed them on the newspaper. The supplies were assembled without gloves and without sanitizing the hands. The RN then gloved and removed part of the film from around the wound and then disconnected the tubing. The RN removed the rest of the film and the black foam and threw it all, plus the gloves, into the trash. The RN, without sanitizing hands, put a glove on his left hand, used a bleach type towelette to clean the wound cleanser can, removed the scissors from his bag, opened the prep packaging, went back into his nursing bag for the appropriate scissors, took off the left glove, and, without sanitizing hands, put gloves on both hands.</p> <p>The patient was laying on the left side with the coccyx exposed to the RN. The patient's gown had fallen across the lower buttocks. The RN moved the gown with the clean gloves. The RN removed the right glove and opened 2 packages of sterile q-tips. The assisted living helper retrieved two towels from the bathroom</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157563	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/22/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  OMNI HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 111 GARWOOD RD RICHMOND, IN 47374
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>and placed them under the patients hips to protect the bed surface. The RN removed the gloves but did not sanitize hands. The RN put on new gloves used wound cleanser on gauze and cleaned out the wound. The wound was a stage 3 pressure ulcer approximately 2 inches by 2 inches. The RN then took the sterile q-tips, applied the wound cleanser, and scrubbed the inside area of the wound. The RN took the Sure-prep to prepare the skin for the adhesive film and started cleaning around the wound and up on the hip for the bridge. The RN removed the right glove and started cutting the adhesive into the strips and circular area needed to cover the wound. The RN started framing the wound with the film. As the patient shifted, the gown fell into the wound and the RN brushed it away. The RN continued to cut film. The patient was getting quite uncomfortable from being on the left side all this time.</p> <p>The RN again changed gloves without sanitizing his hands. The RN cut a long piece of black foam to form a bridge to the hip so the wound vac would not be directly on the coccyx. When the piece of black foam was cut, he had the assisted living person hold the foam in place. The assisted living person was wearing the same pair of gloves that had straightened the bed, been to the bathroom,</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157563	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/22/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  OMNI HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 111 GARWOOD RD RICHMOND, IN 47374
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>straightened her own hair, straightened the patients hair, and put a pillow between the patient's legs. The RN changed gloves 3 more times without sanitizing his hands. The RN finished the framing and putting the film on. When it came time to put the vacuum on, he indicated he didn't know what the small blue area was for but he couldn't get it to work so he just cut it off and promptly did. It appeared the blue part was part of the adhesive system.</p> <p>The patient was extremely worn out and in obvious pain as it took an hour to do the wound vac procedure.</p> <p>2. A policy titled "V.A. C Wound Therapy (Vacuum Assisted Closure) also known as negative pressure wound therapy", August 2002, G-250, states, "Procedure ... 10. Clean around the wound, dry the skin and apply the skin protectant. 11. Removed gloves and put on sterile gloves. 12. Using sterile scissors, cut the foam to the measure of the wound. 13. Place the foam in the wound. ... 15. Place the transparent dram over the foam, enclosing the foam and the tubing. 16. Remove and discard gloves."</p> <p>3. A policy titled "Infection Control: Preparation of Work Area and Bag Technique", 2000, states, "Open bag and remove all items which will be needed for</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157563	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/22/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  OMNI HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 111 GARWOOD RD RICHMOND, IN 47374
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>the visit. Place items on one of the paper towels. Close the bag and give the patient care. If additional items are needed after care has started, wash hands before re-entering bag."</p> <p>4. A policy titled "Hand Hygiene", 2000, states, "Procedure 1. Indication for hand hygiene are: Before and after direct patient care. Before and after each procedure. ... After any contact with contaminated materials (i.e. Blood, body fluids, mucous membranes, non-intact skin, and wound dressings). After removing gloves. Moving from contaminated patient body site to clean site during patient care. ... Before re-entering nursing bag or patient's clean supplies."</p> <p>5. On 3/22/13 at 10 AM, the Director of Nursing indicated she had not talked to the RN in question but had scheduled the wound vac company to re-educate the RN.</p>			